



## **Stormwater Remediation Fee Appeal Form**

A copy of the Property Tax Bill and supporting documentation for the Appeal must be attached.

Return form and attachments to: Charles County Department of Planning and Growth Management, Planning Division, P.O. Box 2150, La Plata, MD 20646.

Proper	ty Account Number from Tax Bill:		Date of Application:	
Name	of Applicant:			
Phone	No.:	E-mail:		
Addres	s of Property:			
Mailing Address:				
	*If Mailing Address and Address of Property differ, please provide explanation:			
Name (	of Property Owner(s):			
	*If Name of Applicant and Name of	of Property Owner differ, p	please provide explanation:	
Detaile	d Statement of the Basis for the Ap	ppeal:		

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Documents supporting the Property Owner's assertion that the property is not subject to the fee under applicable law:	_
I hereby certify that the information contained on this form and the supporting documents is true and correct.	_
Signature of Property Owner(s): Date:	•
Within 90 days of receiving this form, a written response will be provided to the Property Owner(s) regarding adjustment of the Stormwater Remediation Fee. Additional information may also be requested from the Property Owner(s) if necessary to determine whether the Property Owner is entitled to an adjustment.	
For Office Use Only: Approved: Denied: Date: Pate: Date: Denied:	
Department of Planning and Growth Management	_